Division of Infectious Disease Epidemiology West Virginia Department of Health and Human Resources Chicken Pox (Varicella) Outbreak Investigation Line List Form



Name of Outbre	ak		Setting (school, daycare, etc.):						Total # of stude	_	
Local Health De	partment		Investigator name & investigation date: s Date outbreak first reported Date of last case lesion scabbed:								=
Duration of outb	reak:	days	Date outb	Date outbreak first reported Date of last case lesion scabbed:							-
Name	Grade/ Class- room	Age/ DOB	Gender	Varicella Disease History (Y/N) If yes, Date of Diagnosis and Source of Diagnosis	Vaccination Status			Rash	Lab	Severity of rash	Hospitalized?
					Unvaccinated	1 dose	2 dose	Onset Date	Confirmed (Y/N)	(in # of lesions) A - <50 B - 50-249 C - 250-499 D - ≥500 *See description below	(Y/N)

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